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Fact Sheet:

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (FAS), a leading preventable cause of birth defects and mental retardation, results from consuming alcohol during pregnancy. FAS is a lifelong condition that is characterized by facial abnormalities, growth retardation, and central nervous system deficits including learning and developmental disorders. Not all children affected by prenatal alcohol use are born with the full syndrome, but may have selected abnormalities.

It is now widely accepted that alcohol effects are specifically related to dose (how much alcohol is consumed) and gestational time. Research shows that alcohol affects fetal cell development in different ways, which results in a broad spectrum of outcomes based on the dose and timing of fetal development. The most consistent predictors of negative effects from prenatal exposure to alcohol consumption are binge drinking (five or more drinks on one occasion) and drinking prior to recognition of pregnancy. The first trimester of pregnancy is the most critical gestational period for susceptibility to alcohol-related negative birth outcomes; however, it is clear that there is no safe prenatal period of alcohol exposure or safe consumption level.

Estimates of the prevalence of FAS vary from 0.2 to 1.0 per 1,000 live births.[1] When these prevalence rates are applied to the number of live births in California, it is estimated that there are approximately 120 to 600 babies born with FAS in California each year. In addition to cases of full FAS syndrome, there are 1,800 to 3,000 additional children born each year in California who will exhibit less severe effects termed fetal alcohol effects (FAE) or alcohol related birth defects (ARBD).[2] Based on a 1992 California study, the prevalence rate for alcohol use among pregnant women at delivery is estimated at 6.72%[3], which means that as many as 40,000 children born in California are prenatally exposed to alcohol each year.

Health advisories urging women, either pregnant or planning a pregnancy, not to drink alcohol were first issued by the U.S. Surgeon General in 1981 and were reiterated by the Secretary of Health and Human Services in 1990 and 1995. In 1997, the importance of getting the alcohol abstinence message out was re-emphasized after the results from a survey by the Centers for Disease Control and Prevention (CDC) were released. The survey found that rates of frequent drinking (more than seven drinks per week or more than five drinks on any occasion in the past month) among pregnant women have increased

Program Operations Division
Office of Perinatal Substance Abuse & Special Projects
CA Dept. of Alcohol and Drug Programs
1700 K Street, Sacramento, CA 95814
Phone: (916) 323-4445
FAX: (916) 445-0846; TDD: (916) 445-1942

substantially from .8% in 1991 to 3.5% in 1995. The rate of 3.5% in 1995 translates to at least 140,000 pregnant women in the U.S. each year drinking at levels that pose a risk for FAS.

The CDC report recommends that health care professionals inform their patients who are pregnant or are planning to become pregnant that there is no safe limit of alcohol to be consumed during pregnancy. National organizations are working with medical schools to ensure that curriculum includes education on the dangers of such use.

[1] Centers for Disease Control and Prevention, Fetal Alcohol Syndrome Fact Sheet, April 25, 1997.
[2] Based on Abel and Sokel's 1987 study estimate that 3 to 5 children per 1,000 births will have ARBD.
[3] Noble, A. (1995). A Prenatal Substance Abuse in California: Findings from the Perinatal Substance Exposure Study≅ Report for the California Department of Alcohol and Drug Programs, Sacramento, CA.